



BUSINESS INTEREST QUESTIONNAIRE

Magic Tradeshaw August 18-20, 2014

Las Vegas, Nevada, USA

The information you provide below will be put in printed brochure that will be used to promote your company among U.S. manufacturers and suppliers. It will also be used for advance hotel booking.

NAME OF PARTICIPANT (S): _____

TITLE (S): _____

NAME OF FIRM: _____

P.O. BOX: _____ CITY: _____ POSTAL CODE: _____

TELEPHONE: _____ MOBILE TEL: _____ FAX: _____

E-MAIL: _____ Web Site: _____

No. of Employees: _____

CREDIT CARD INFORMATION

AMEX ____ VISA ____ MASTERCARD ____ OTHER ____ IF OTHER, SPECIFY: _____

CREDIT CARD No.: _____ EXPIRATION DATE: _____

NAME ON CARD: _____ CCV Code: _____

Hotel Check-in Date: _____ Hotel Departure Date: _____

Room Type: SINGLE ____ DOUBLE ____ Smoking () Non-Smoking ()

BRIEFLY DESCRIBE WHAT YOUR COMPANY DOES (COMPANY PROFILE), (attach another page if necessary):

WHAT PRODUCTS ARE YOU LOOKING FOR AT THE SHOW? WHAT IS YOUR COMPANY OBJECTIVE?

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MAGIC

ATTENDEE REGISTRATION

SHOW DATES: MONDAY, AUGUST 18 — WEDNESDAY, AUGUST 20, 2014 (SOURCING AT MAGIC OPENS SUNDAY, AUGUST 17TH)

WWD



PLATFORM

SOURCING



WSA

PROJECT THE TENTS

MEN'S

POOLTRADESHOW

MVMNT

ENKVEGAS
WOMENAll registrations received via this form, must be submitted no later than **FRIDAY, AUGUST 1, 2014.**

If additional credentials or payment are required, upon receipt of this form an email will be issued with instructions to complete your registration.

First Name (Given Name): _____

Last Name (Surname): _____

Job Title: _____

Email Address: (Required for Registration Confirmation): _____

Direct Line Phone: () () _____

COUNTRY CODE AREA CODE

dba / Store Name (Badge Name): _____

Company Name (if different from dba/Store Name): _____ # of Stores: _____

Business Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Company Main Phone: () () _____ Company Main Fax: () () _____

COUNTRY CODE AREA CODE

COUNTRY CODE AREA CODE

Company Website Address (Required for Internet Retailer): _____

JOB FUNCTION:

(Select ONE only)

A ☐ Asst Buyer/Assoc BuyerB ☐ Business DevelopmentC ☐ Buyer/Sr BuyerD ☐ CEO/CMOE ☐ ChairmanF ☐ DesignerG ☐ DirectorH ☐ DMMI ☐ Fabric/Trim BuyerJ ☐ Fashion ConsultantK ☐ Fashion/Creative DirectorL ☐ GMMM ☐ Licensing AgentN ☐ Logistics MgrO ☐ Manufacturer Sales RepP ☐ Marketing Mgr/DirectorQ ☐ Merchandise Mgr/MerchandiseR ☐ Other: _____S ☐ OwnerT ☐ Planner and AllocatorU ☐ PresidentV ☐ Product DevelopmentW ☐ Quality Control Manager/DirectorX ☐ Sourcing Mgr/DirectorY ☐ Store Mgr/Sales AssociateZ ☐ Visual MerchandisingAA ☐ VP/EVP/SVP

PLEASE SELECT A BUSINESS CATEGORY FROM ONE OF THE REGISTRATION TYPES BELOW:

REGISTRATION TYPE 1 - Retailer/Buyer

(Select ONE only)

A ☐ Boutique/SpecialtyB ☐ Chain Store (6 or more)C ☐ Department StoreD ☐ Discount/Off-Price/OutletE ☐ Drug Store/SupermarketF ☐ Home Based RetailerG ☐ Internet RetailerH ☐ Mail Order/CatalogI ☐ Mass MerchantJ ☐ Motorcycle/Auto DealersK ☐ Resort/Pro ShopL ☐ Specialty Chain (6 or less)M ☐ Sporting GoodsN ☐ Start Up RetailerO ☐ DistributorP ☐ Government/Consulate/Non-ProfitQ ☐ Importer/ExporterR ☐ JobberS ☐ Premium/Corporate IncentivesT ☐ Resident Buying OfficesU ☐ Wholesaler

Free Access ALL MAGIC Shows

(Registration fees are non-refundable and non-transferable)

CATEGORIES OF INTEREST:

(Select ALL that apply)

A ☐ Men's Apparel & AccessoriesB ☐ Women's Apparel & AccessoriesC ☐ Children's Apparel & AccessoriesD ☐ Footwear

SHOWS OF INTEREST:

(Select ALL that apply)

A ☐ PROJECTB ☐ THE TENTSC ☐ ENKVEGASD ☐ MEN'SE ☐ FN PLATFORMF ☐ WWDG ☐ SOURCING at MAGICH ☐ SOURCING at MAGIC HOMEI ☐ WSA@MAGICJ ☐ POOLTRADESHOWK ☐ MVMNT

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Signature _____